PTO/S8/05 (08-03) Approved for use through 7/31/2006, OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application application of the persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR.1.16(c)) minus 20 = X S OR X S INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = x s OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Catumn 1) (Column 2) (Cotumn 3) SMALL ENTITY SMALL ENTITY CLANAS HIGHEST PRESENT REMAINING MIMBER ADDI-TIONAL RATE ADOL-AMENDMENT AFTER AMENDMENT PREVIOUSLY EXTRA TIONAL PAID FOR FEE FEE · Total pr cfk 1.16(c) ×\*25 x:s 5D OR Minus Independent (37 CFR 1.16(b)) JOÇ OR FIRST PRESENTATION OF MULTIPLE DEPOIDONT CLAIM (37 CFR 1.15(d)) OR TOTAL ADD'L FEE OR ADD'L FEE (Calumn 1) (Column 2) CIANS HIGHEST 11/30/05 REMAINING PRESENT MUMBER RATE ADDI RATE ENT ADDI AFTER EXTRA PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE/ FEE · Total GF OFR 1.15(c) Minus AMENDM đ OR Minus 100 OR ...18Q FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(d OR TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT RATE MUNBER ADD -ENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Mirag OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 360 TOTAL ADD'L FEE OR ADD'L FEE the entry in column 1 is less than the entry in column 2, write 10, in appunn 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22213-1450.

~ JOSI AVUIICIDIO COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									Application of Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS							F	RATE FEE		1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 355.00		OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		•		X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		. 5		X40=			OR	X80=	400		
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT				+135=				+270=	70		
• If	the difference	less than ze	ss than zero, enter "0" in column				TOTAL		OR OR	TOTAL	1110			
CLAIMS AS AMENDED - PART II							•	OIAL		JOA	OTHER	7		
		(Column 1)		(Colur	nn 2)	(Column 3)	SMALL ENTITY		ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=			
	Independent		Minus •••			=	X40=			OR	X80=			
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=			
•								TOTAL			TOTAL			
(Column 1) (Column 2) (Column 3)								DIT. FEE		۰۰۰,	ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	X	(\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		=	X40=			OR	X80=			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEPENDENT		CLAIM [		<u>ا</u> ا	135=		OR	+270=			
							L	TOTAL			TOTAL			
(Column 1) (Column 2) (Column 3)								NT. FEE		JO. 1	ADDIT. FEE			
AMENDMENT C		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		HIGH NUM PREVIO	EST BER OUSLY	PRESENT EXTRA	Я	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		(\$ 9=		OR	X\$18=			
	Independent	•	Minus	•••	•	=	1 ├─	(40=			X80=			
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
+135= +135=										OR	+270=			
••	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													